

Government of the District of Columbia  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OFFICE OF INFORMATION SYSTEMS  
941 North Capitol Street, N.E., Suite 3600  
WASHINGTON, D.C. 20002



LICENSE INFORMATION REQUEST FORM

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer Telephone: \_\_\_\_\_

**Information Medium Requested**

☐ Printout    ☐ Labels    ☐ Diskette

**NOTE!** – We can also email the information or FTP it directly to your site. Please supply the correct information below (or call us at 202-442-8348)

☐ email \_\_\_\_\_

☐ FTP      Host Name \_\_\_\_\_

Host Type \_\_\_\_\_

User ID (or Anonymous) \_\_\_\_\_

Password \_\_\_\_\_

Account No. \_\_\_\_\_

License Category of Information Requested: \_\_\_\_\_

**(Please submit a separate Request Form for each listing requested)**

Indicate below by inserting a number (1, 2, or 3) after the corresponding information field, the sort order in which you would like the information returned. Circle the additional fields you wish to be included in your report. **(Maximum of three sorts)**

Licensee Name \_\_\_\_\_

License Number \_\_\_\_\_

Premise Quadrant \_\_\_\_\_

Business Quadrant \_\_\_\_\_

Premise Ward \_\_\_\_\_

Business Ward \_\_\_\_\_

Premise Street \_\_\_\_\_

Business Street \_\_\_\_\_

Premise Address \_\_\_\_\_

Business Address \_\_\_\_\_

Premise Zip Code \_\_\_\_\_

Business Zip Code \_\_\_\_\_

**(Please note that business address information may be incomplete)**

Customer Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**(NEXT PAGE)**

**Do not write below this line**

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Request received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Fee: \$\_\_\_\_\_ Paid by: ☐ Money Order      ☐ Check      ☐ Intra-District Bud. Mod      ☐ Other

OIS Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_